SERFF Tracking Number: MHPL-126131684 State: Arkansas Mercy Health Plans Filing Company: State Tracking Number: 42235

Company Tracking Number: ARPHIINDV/MLAMEND_09

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider

(PPO)

Product Name: ARPHIINDV/MLAMEND_09

Project Name/Number:

Filing at a Glance

Company: Mercy Health Plans

Product Name: ARPHIINDV/MLAMEND_09 SERFF Tr Num: MHPL-126131684 State: ArkansasLH TOI: H16I Individual Health - Major Medical SERFF Status: Closed State Tr Num: 42235

Sub-TOI: H16I.005A Individual - Preferred Co Tr Num: State Status: Approved-Closed

Provider (PPO) ARPHIINDV/MLAMEND_09

Filing Type: Form Reviewer(s): Rosalind Minor Co Status:

Authors: Karen Hosack, Suzanne

McGinnis

Date Submitted: 04/28/2009 Disposition Status: Approved-

Closed

Disposition Date: 05/01/2009

Implementation Date Requested: 10/01/2009 Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: **Project Number:** Date Approved in Domicile: Requested Filing Mode: Review & Approval **Domicile Status Comments:**

Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission Group Market Size: Group Market Type:

Overall Rate Impact:

Filing Status Changed: 05/01/2009 Explanation for Other Group Market Type:

State Status Changed: 05/01/2009

Deemer Date: Corresponding Filing Tracking Number:

Ms. Rosalind Minor

Filing Description:

Senior Certified Rate and Form Analyst

Arkansas Insurance Department

Life and Health Division

SERFF Tracking Number: MHPL-126131684 State: Arkansas
Filing Company: Mercy Health Plans State Tracking Number: 42235

Company Tracking Number: ARPHIINDV/MLAMEND_09

TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005A Individual - Preferred Provider

(PPO)

Product Name: ARPHIINDV/MLAMEND_09

Project Name/Number:

1200 West Third Street

Little Rock, AR 72201-1904

RE: PHI AR INDIV/AMEND1-09

NAIC: 11529

Dear Rosalind:

I have attached the above Amendment for your review and approval. The Amendment is new and is amends the Comprehensive Individual Health Insurance Policy stated therein. This Amendment is in compliance with the Federal Act cited as "Michelle's Law", which becomes effective on October 9, 2009. Our anticipated effective date for this Amendment will be October 1, 2009.

Please contact me at (314) 214-2342 or by email at khosack@mhp.mercy.net if you have any questions.

Sincerely,

Karen Hosack, MHP, CCP

Company and Contact

Filing Contact Information

Karen Hosack, Compliance Analyst khosack@mhp.mercy.net
Mercy Health Plans (314) 214-2342 [Phone]
Chesterfield, MO 63017 (314) 214-8103[FAX]

Filing Company Information

Mercy Health Plans CoCode: 11529 State of Domicile: Missouri 14528 South Outer Forty Rd. Group Code: Company Type: LAH/PPO

Suite 300

Company Tracking Number: ARPHIINDV/MLAMEND_09

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider

(PPO)

Product Name: ARPHIINDV/MLAMEND_09

Project Name/Number:

Chesterfield, MO 63017 Group Name: State ID Number:

(314) 214-8100 ext. [Phone] FEIN Number: 48-1262342

SERFF Tracking Number: MHPL-126131684 State: Arkansas
Filing Company: Mercy Health Plans State Tracking Number: 42235

Company Tracking Number: ARPHIINDV/MLAMEND_09

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider

(PPO)

Product Name: ARPHIINDV/MLAMEND_09

Project Name/Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

CHECK NUMBER CHECK AMOUNT CHECK DATE 0000109008 \$50.00 04/21/2009

Company Tracking Number: ARPHIINDV/MLAMEND_09

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider

(PPO)

Product Name: ARPHIINDV/MLAMEND_09

Project Name/Number:

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	05/01/2009	05/01/2009

Company Tracking Number: ARPHIINDV/MLAMEND_09

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider

(PPO)

Product Name: ARPHIINDV/MLAMEND_09

Project Name/Number:

Disposition

Disposition Date: 05/01/2009

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: ARPHIINDV/MLAMEND_09

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider

(PPO)

Product Name: ARPHIINDV/MLAMEND_09

Project Name/Number:

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Individual Amendment	Approved-Closed	Yes

Company Tracking Number: ARPHIINDV/MLAMEND_09

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider

(PPO)

Product Name: ARPHIINDV/MLAMEND_09

Project Name/Number: /

Form Schedule

Lead Form Number:

Review	Form	Form Type Form Name	Action	Action Specific	Readability	Attachment
Status	Number			Data		
Approved-	PHI AR	Certificate Individual	Initial			PPO INDIV
Closed	INDIV/AME		AMENDMEN			
	ND1-09	t, Insert				T-Michelles
		Page,				Law.pdf
		Endorseme				
		nt or Rider				

Mercy Health Plans

AMENDMENT Dependent Coverage under "Michelle's Law"

This Amendment applies to the following Comprehensive Individual Health Insurance Policy: PHI AR INDIV COC (01/08)

This document amends the Comprehensive Individual Health Insurance Policy listed above. Except for this amendment, the terms of your Policy continues in full force and effect.

I. Comprehensive Individual Health Insurance Policy, Section 4: When Coverage Ends

Insert the following at the end of Section 4:

Coverage of a Dependent child who loses Full-Time Student status due to a medically necessary leave of absence will not terminate until the earlier of:

- ☐ One year from the first day of the medically necessary leave of absence, or
- ☐ The date on which such coverage would otherwise terminate under the terms of the health plan.

We will ask You to for proof of any medical leave of absence, which must be certified by the Dependent's attending physician.

Charles S. Gilham, Vice-President

Checks S. Glken

Mercy Health Plans

Company Tracking Number: ARPHIINDV/MLAMEND_09

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider

(PPO)

Product Name: ARPHIINDV/MLAMEND_09

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MHPL-126131684 State: Arkansas
Filing Company: Mercy Health Plans State Tracking Number: 42235

Company Tracking Number: ARPHIINDV/MLAMEND_09

TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005A Individual - Preferred Provider

(PPO)

Product Name: ARPHIINDV/MLAMEND_09

Project Name/Number:

Supporting Document Schedules

Review Status:

Satisfied -Name: Flesch Certification Approved-Closed 05/01/2009

Comments:

See attached R&R 19

Attachment:

AR Certification RR19.pdf

Review Status:

Bypassed -Name: Application Approved-Closed 05/01/2009

Bypass Reason: N/A

Comments:

Review Status:

Bypassed -Name: Health - Actuarial Justification Approved-Closed 05/01/2009

Bypass Reason: N/A

Comments:

Review Status:

Bypassed -Name: Outline of Coverage Approved-Closed 05/01/2009

Bypass Reason: N/A

Comments:

CERTIFICATION

I, Charles S. Gilham, am a duly authorized officer of Mercy Health Plans and do hereby certify that, per Rule and Regulation 19 and 42, Section 5 (b), there will be no unfair discrimination with respect to the medical/lifestyle application questions and underwriting standards.

Charles S. Gilham, Vice President General Counsel

Mercy Health Plans

14528 S. Outer 40, Suite 300

Chesterfield, MO 63017

cgilham@mhp.mercy.net

(314) 214-8294

4-27-09 Date